

## **Save Our Sight Ohio Amblyope Registry Request For Proposal Overview**

### **Welcome**

Power point: available at: <http://www.saveoursight.ohio.gov/funded.aspx>

### **Overview of the Program**

The Ohio Department of Health (ODH), Division of Family and Community Health Services (DFCHS), Bureau of Child and Family Health Services, Save Our Sight Program announces the availability of grant funds.

Authorization of funds for this purpose is contained in Amended Substitute House Bill Section 3701.21 of the Ohio Revised Code and Sections 3701-48-01, 3701-48-02 and 3701-48-03 of the Ohio Administrative Code. Funds for the Save Our Sight Program are generated by donations. Motor vehicle owners in Ohio are asked to donate \$1 to the Save Our Sight Fund when they register their vehicles and/or renew license plates.

### **Eligibility to Apply & Service Area**

All applicants must be a 501(c) organization with demonstrated experience in the delivery of vision services throughout the state of Ohio. Applicant agencies must attend or document in writing prior attendance at Grants Management Information System 2.0 (GMIS) training and must have the capacity to accept an electronic funds transfer (EFT).

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant is not certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by 4:00 p.m. on Monday, March 24, 2014. Any required part that is not submitted by the due date indicated in sections D and G will result in the entire application not being considered for review.

### **DUNS/CCR**

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) and a Central Contractor Registration Number (CCR) and submit the information in the Grants Management Information System 2.0 (GMIS). This is a correction from what is listed on page 15 of the RFP. This information is to be placed in GMIS and not submitted as Attachment B.

For information about the DUNS, go to <http://fedgov.dnb.com/webform>. For information about CCR go to [www.ccr.gov](http://www.ccr.gov).

### **FFATA**

Related to the DUNS requirement is the Federal Funding Accountability and Transparency Act (FFATA) requirement. FFATA was signed on September 26, 2006. FFATA requires ODH to report all subgrants receiving \$25,000 or more of federal funds. All applicants applying for ODH grant funds are required to complete the FFATA Reporting Form in GMIS.

### **Program Goals, Objectives and Activities**

Refer to Appendix C, page 25, for SFY 2015 Purpose, Goals, Objectives and Strategies.

**Goals:**

1. Develop and implement a registry and targeted voluntary case management system to determine whether children with amblyopia are receiving professional eye care and to provide their parents/caregivers with information and support regarding their child's vision care.
2. Promote awareness of amblyopia to families, health professionals and the general public in all counties of the State to identify children with amblyopia who currently are not receiving treatment.

**Program Expectations**

All funded agencies must adhere to the RFP and their approved grant applications as well as the ODH Grants Administration Policies & Procedures (GAPP) GAPP Manual. (To access the GAPP Manual, go to the ODH web site and type in GAPP Manual.)

<http://www.odh.ohio.gov/about/grants/grants.aspx>

**Funding**

The maximum funding award will be \$260,000. Only one agency will be awarded this grant.

**Notice of Intent to Apply for Funding (NOIAF) & GMIS Training Form**

The NOIAF must be submitted by Thursday, February 27, 2014 to Allyson Van Horn by email [Allyson.VanHorn@odh.ohio.gov](mailto:Allyson.VanHorn@odh.ohio.gov) or fax 614.728.6793. Please note that the submission of the Notice of Intent to Apply for Funding must also include the GMIS Training Form (new applicants), W-9 form, EFT Form, Proof of Liability (if applicable) and Proof of Non-profit status (if applicable).

Applications must be submitted via the Grants Management Information System (GMIS) 2.0 prior to the deadline of Monday, March 24, 2014. Agencies that are not currently ODH subgrantees must attend GMIS 2.0 training and submit the training request form [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov) or fax 614.752.9783; see the RFP, Appendix A, page 19, for the GMIS 2.0 training form, which is due Thursday, February 27, 2014.

**Budget and Project Narratives**

Client incentives and client enablers are unallowable costs.

Personnel, Other Direct Costs, Equipment and Contracts: Submit a budget with these sections and form(s) completed as necessary to support costs for the period July 1, 2014 to June 30, 2015.

Funds may be used to support personnel, their training, travel (see OBM website) <http://obm.ohio.gov/MiscPages/TravelRule> and supplies directly related to planning, organizing and conducting the initiative/program activity described in this announcement.

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS 2.0 for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

Please refer to the memorandum issued by the Director on November 26, 2013 Subject: Contracts. The memorandum was posted on the GMIS Bulletin Board on November 27, 2013.

CCAs cannot be submitted until after the 1st quarter grant payment has been issued.

Do not narrate the methodology in the project narrative. The methodology should be completed in Attachment 1, page 17, Save Our Sight Program Plan to detail the methodology.

The budget narrative and project narrative should correspond and meet the requirements of the RFP. The budget narrative is for one year beginning July 1, 2014 and ending June 30, 2015. The project narrative should correspond with the methodology outlined within Attachment 1, Save Our Sight program plan.

Submit application according to the requirements outlined in section AB of Part I, Submission of Application, page 10.

Appendix B, on page 20, the Application Review Form, is available as a reference. Reviewers will use this tool to score the applications.

The Outcomes Grid, Appendix E on page 29, is a sample of the form submitted for quarterly grant reporting. ODH will work with the successful subgrantee agency to determine measures that are realistic/obtainable, meaningful, specific and measurable and that relate directly to proposal and RFP objectives.

#### **Public Health Accreditation Board Standards**

Identify the Public Health Accreditation Board Standard that will be addressed by grant activities. Additional information is provided on page 3 of the RFP.

#### **Public Health Impact Statement**

Incorporates a public health impact statement summary and public health impact statement of support.

Applicants must identify the Public Health Accreditation Board Standard that will be addressed by grant activities.

All applicant agencies that are not local health districts must communicate with local health districts regarding the impact of the proposed grant activities on the PHAB Standards.

Public Health Impact Statement Summary - Applicant agencies are required to submit a one page maximum summary of the proposal to local health districts prior to submitting the grant application to ODH. The program summary, not to exceed one page, must include:

- The Public Health Accreditation Board (PHAB) Standard(s) to be addressed by grant activities:
- A description of the demographic characteristics (e.g., age, race, gender, ethnicity, socio-economic status, educational levels) of the target population and the geographical area in which they live (e.g., census tracts, census blocks, block groups);
- A summary of the services to be provided or activities to be conducted; and,
- A plan to coordinate and share information with appropriate local health districts.

The applicant must submit the above summary as part of their grant application to ODH. This will document that a written summary of the proposed activities was provided to the local health districts with a request for their support and/or comment about the activities as they relate to the PHAB Standards.

Public Health Impact Statement of Support - Include with the grant application a statement of support from the local health districts, if available. If a statement of support from the local health districts is not obtained, indicate that when the program summary is submitted with the grant application. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.

### **Incorporation of Strategies to Eliminate Health Inequities**

The ODH is committed to the elimination of health inequities. Racial and ethnic minorities and Ohio's economically disadvantaged residents experience health inequities and, therefore, do not have the same opportunities as other groups to be healthy. Throughout the various components of this application applicants are required to:

1. Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experiences a disproportionate burden of disease or health condition (This information must be supported by data.);
2. Explain how specific social and environmental conditions (social determinants of health) put groups who are already disadvantaged at increased risk for health inequities; and
3. Explain how proposed program interventions will address this problem.

Appendix F, Amblyope Registry Map, on page 30 identifies areas of need for those who are economically vulnerable and underserved by the Ohio Amblyope Registry Program.

### **Deadlines**

To apply, The NOIAF must be submitted by Thursday, February 27, 2014 to Allyson Van Horn by email [Allyson.VanHorn@odh.ohio.gov](mailto:Allyson.VanHorn@odh.ohio.gov) or fax 614.728.6793.

GMIS Training Request form to [gail.byers@odh.ohio.gov](mailto:gail.byers@odh.ohio.gov) or fax 614.752.9783 by Thursday, February 27, 2014.

Submit application according to the requirements outlined within the RFP by Monday, March 20, 2014. Review form, Appendix B, on page 20, will be used by reviewers. Review begins the day after the due date.

Visit SOS website for more information about SOS and visit the ODH web site link to access the RFP.

### **Questions**

1. Refer to page 3 Section L of the Request for Proposal. How does a statewide program obtain a public health impact statement of support from a local health district?

**It is not necessary to receive letters from all health districts. If an applicant agency has a regional and/or statewide focus, a statement of support must be submitted from at least one local health district, if available.**

2. Is a checklist available of all items that need to be included with the application?

**Yes, we can post this along with notes and questions from the Bidders Conference Call on the Save Our Sight website under the Funded Programs link.**

3. Will there only be one successful grant recipient for the Amblyope Registry?

**Yes.**

4. Refer to page 10. The project narrative is not to exceed 15 pages. Should the methodology be included within the project narrative?

**The allotted 15 pages for the project narrative allows grant applicants to meet grant requirements. Activities and measures should be listed within Attachment 1, Save Our Sight program plan. A narrative summary of the agencies providing services and the services to be provided should be succinctly summarized in the Project Narrative. The Project Narrative should correspond with the methodology outlined within Attachment 1, Save Our Sight program plan.**

5. Refer to page 12, Section II, B1. Please explain the Justification Pages.

**A detailed budget justification narrative describes how the categorical costs are derived. Applicants must discuss the necessity, reasonableness, and allocability of the proposed costs. Applicants must describe the specific functions of the personnel, consultants and collaborators. Applicants must explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs. If you have joint costs refer to GAPP Chapter 100, Section 103.3 Cost Allocation Plan and the Compliance Section of the application for additional information.**

6. Will ODH provide technical assistance to verify if the application has been submitted?

**Applicants are responsible for the submission of all required documents to be considered for funding. Previous applicants are encouraged to participate in the GMIS training if concerned about submission issues.**

7. Refer to page 30, Appendix F, Save Our Sight Amblyope Registry Map. Is there a typo on the map legend?

**Yes, the map legend should read "Economically vulnerable and underserved by SOS Amblyope Registry Program".**

8. Will grant reviewers be notified of the current/past grant recipients?

**No.**